

**WELCOME TO OUR OFFICE**

DATE:

NAME:   
(last) (first) (middle)

D.O.B.

AGE:  SEX:  M  F MARITAL STATUS:  S  M  D  W

ADDRESS:  CITY:

ZIP CODE:

HOME #:  CELL #:  WORK #:

EMAIL:

PREFERRED CONTACT:  HOME/  CELL/  WORK/  EMAIL (CHECK ONE)

REASON FOR VISIT:

**Pre-Appoint Policy**

It is the recommendation of Eyes on Lake Norman Optometry that all patients receive annual eye exams. This allows for proper monitoring of ocular health as well as keeping eyeglass and contact lens prescriptions current. We recommend scheduling your next annual exam at the time of your checkout. Reminders come in the form of emails and text messages 1 month prior to your scheduled appointment. You may opt to confirm, cancel, or reschedule these appointments at that time. You may also halt these communications at any time.

If you prefer, you may opt out of this service now and you will not be scheduled the following year.

Please pre-appoint me for next year. I prefer (  morning/  afternoon) appointments.

Please **DO NOT** pre-appoint me for next year.

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**YOU MAY EITHER PRINT THIS PAGE OR EMAIL TO: [appointments@eyesonlakenorman.com](mailto:appointments@eyesonlakenorman.com)**